

**PESTICIDE  
USE MONITORING INSPECTION**

PR-ENF-104 (REV. 11/06)

IS THIS A FOLLOW-UP INSPECTION? ☐ YES ☐ NOCheck one below & list serial # of **original** inspection☐ COMPLETE☐ PARTIAL - Do not count on PRAMR (Report 5)

SERIAL # \_\_\_\_\_

104-

**INSPECTING COUNTY**

FIRM INSPECTED	BUSINESS TYPE <input type="checkbox"/> Prod Ag or <input type="checkbox"/> Property Operator - <input type="checkbox"/> Other	PERMIT / OPERATOR ID # <input type="checkbox"/> N/R <input type="checkbox"/> UNL
FIRM MAILING ADDRESS	<input type="checkbox"/> Pest Control Business - <input type="checkbox"/> Prod Ag or <input type="checkbox"/> Other	BUSINESS LICENSE # _____ or <input type="checkbox"/> UNL
PERSON INSPECTED	<input type="checkbox"/> Maintenance Gardener	TELEPHONE NUMBER _____
PROPERTY OPERATOR	LICENSE NUMBER _____ <input type="checkbox"/> N/R <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> JP <input type="checkbox"/> AP <input type="checkbox"/> UNL	WIND VELOCITY _____
PROPERTY LOCATION / SITE ID	COMMODITY / SITE	Direction _____ to _____
METHOD OF APPLICATION: <input type="checkbox"/> AERIAL <input type="checkbox"/> GROUND <input type="checkbox"/> HAND HELD		
<input type="checkbox"/> CHEMIGATION <input type="checkbox"/> OTHER _____		

ADJACENT ENVIRONMENT (N) (S) (E) (W)	SUPERVISOR _____	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO
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HANDLER'S NAME / # INTERVIEWED _____	ACTIVITY _____	PERSONAL PROTECTIVE EQUIPMENT WORN _____	EQUIPMENT USED _____

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

A. APPLICATION				B. MIX/LOAD				A. APPLICATION				B. MIX/LOAD			
COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE			COMPLIANCE			REQUIREMENTS (Continued)	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A	YES	NO	N/A			YES	NO	N/A
			1. PCB Registered in the County	11732							18. Field Postings	6776			
			2. Reg'd Label Available at Use Site	6602							19. Equipment Registered	11732			
			3. Notice of Intent Submitted	6434							20. Equipment Identified	6630			
			4. Restricted Material Use Sup.	6406							21. Equipment Safe to Operate	6600(a)			
			5. Complies with Permit Cond.	12973							22. Backflow Prevention - Airgap	6610			
			6. Labeling-Site/Rate/Other	12973							23. Containers Secure/Under Control	6670			
			7. Labeling - Personal Prot. Equipt.	12973							24. Pest. Containers Properly Labeled	6676			
			8. Coveralls, "Danger/Warning"	6736							25. Service Container Labeling	6678			
			9. Regs. - Personal Prot. Equipt.	6738							26. Proper Containers	6680			
			10. Suitable Methods/Manner/Climate	6600							27. Proper Pesticide Transport	6682			
			11. Accurate Measurement	6604							28. Containers Properly Rinsed	6684			
			12. Prot. of Persons/Animals/Prop.	6614							29. Cover/Shut Off/Sight Gauge >49G	6742			
			13. Handler(s) Trained	6724							30. Closed System Used / Meets Criteria	6746			
			14. Emergency Med. Care Posting	6726											
			15. Emp. Working Alone, "Danger"	6730											
			16. Decontamination Facility, Site	6734											
			17. Eyewash Immediately Available	6734(c)							Total	Total			

**COMPLIANCE ACTIONS:**

Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Cease and Desist Order 11897/13102	<input type="checkbox"/> YES <input type="checkbox"/> NO
Stop Work Order 11737	<input type="checkbox"/> YES <input type="checkbox"/> NO
Correct Noncompliances By:	

**DECONTAMINATION FACILITY: (Item 16)**

Decontamination Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sufficient Water Available	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sufficient Soap Available	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sufficient Single Use Towels	<input type="checkbox"/> YES <input type="checkbox"/> NO
Extra Coveralls	<input type="checkbox"/> YES <input type="checkbox"/> NO

**VIOLATION NOTICE #** \_\_\_\_\_ ☐ YES ☐ NO**VIOLATION NOTICE #** \_\_\_\_\_ ☐ YES ☐ NO

Remarks: Include a detailed description of noncompliances.

INSPECTOR Print Name _____	Signature _____	TIME AND DATE INSPECTED _____
INSPECTION ACKNOWLEDGED BY <input type="checkbox"/> Employee <input type="checkbox"/> Owner Print Name _____	Signature _____	DATE ACKNOWLEDGED _____